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APPLICANTS

Bill Kitchen, Lewis Center, OH;
 Ralph Au, Powell, OH;
 Ginger B. Moses, Lewis Center, OH;

**** CONTINUING DATA *******

This application is a CON of 09/034,561 03/03/1998 PAT 6,289,322

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/07/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	OH	20	18	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

BILL KITCHEN
 980 LAKE RUN CIRCLE
 WESTERVILLE, OH43081

TITLE

Electronic bill presentment with bill categorization

FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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